

(1) PLACE OF BIRTH

County of

Township of

or

City of

(If birth occurs in a hospital or other institution, give name of same instead of street and number.)

(2) Full Name of Child

If child is not yet named, make supplemental report as directed

| | | | | |
|-------------------------|---|------------------------------|--------------------------------|--|
| (3) SEX OF CHILD Boy | (4) Twin or Triplet To be answered only in case of Twin or Triplet | (5) Number in order of birth | (6) Are Parents Married yes | (7) DATE OF BIRTH Nov 25 1923 (Name of Month) (Day) (Year) |
|-------------------------|---|------------------------------|--------------------------------|--|

| FATHER. | | MOTHER. | |
|--|---|---|---|
| (8) FULL NAME Paul Dexter Wortman | (9) PRESENT POSTOFFICE OF FATHER Shartanburg, R.D. #3 | (10) NAME BEFORE MARRIAGE Alma Catherine Short | (11) PRESENT POSTOFFICE OF MOTHER Shartanburg, R.D. #3 |
| (12) COLOR OR RACE White | (13) AGE AT LAST BIRTHDAY 22 (Years) | (14) COLOR OR RACE White | (15) AGE AT LAST BIRTHDAY 17 (Years) |
| (16) BIRTHPLACE N. C. | (17) OCCUPATION Farmer | (18) BIRTHPLACE N. C. | (19) OCCUPATION Housewife |
| (20) Number of children born to mother, including present birth One | (21) Number of children of this mother now living, including present birth One | | |

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE

(22) I hereby certify that I attended the birth of this child, who was born alive or stillborn on the date above stated.

(23) (Signature)

(24) State whether Physician or Midwife

(25) Address of Physician or Midwife

Given name added from a supplemental report

(26) Witness

(Signature of Witness necessary only when question 23 is signed by mark)

(27) Filed

Nov 30 1923

(28) By

Mr. C. F. Parker

Local Registrar

When there was no attending physician or midwife, then the father, householder, etc., should make this return. If a child breathes even once, it must not be reported as stillborn. No report is desired of stillbirths before the fifth month of pregnancy.